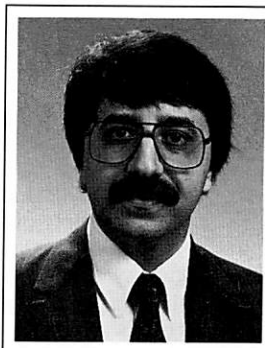


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HEMI-SYNC™ AND INSIGHT-ORIENTED PSYCHOTHERAPY: A THEORETICAL MODEL



by Mohammad R. Sadigh, PhD

Mohammad Sadigh is director of psychology and psychophysiological services at the Gateway Institute, a center for pain and stress management in Bethlehem, Pennsylvania. He practices psychotherapy and biofeedback and is also in charge of the center's neuropsychological laboratory. His primary research activity is in the area of computer-assisted brainmapping. Mohammad has been a member of The Monroe Institute Professional Division since 1989 and lives in Bethlehem. In the following article Dr. Sadigh presents a theoretical model of how Hemi-Sync facilitates interhemispheric synchronization and the benefits of this state for the psychotherapeutic process.

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During the last several years, a number of articles have appeared in The Monroe Institute publications stating the benefits of Hemi-Sync in facilitating psychotherapy. But how does hemispheric synchronization contribute to the psychotherapeutic process? In this brief paper, I will attempt to offer a theoretical explanation supported by some preliminary research findings.

Insight-oriented psychotherapy is based on the premise that psychological, emotional, and behavioral problems and difficulties originate from unresolved unconscious conflicts left behind from our childhood years. These unconscious conflicts continue to affect us—our relationships, our careers, and ultimately our perception of reality—unless they are acknowledged and dealt with. Therefore, the goal of psychotherapy is to make these unconscious conflicts conscious so that we may gain control over them. Theoretically speaking, once this is accomplished we are no longer victims of these unconscious forces, and our reality is no longer tainted and distorted by these determinants of behavior which normally operate outside our conscious awareness. Unfortunately, however, accomplishing this task fully is extremely difficult and in most cases almost impossible. The patient and the psychotherapist often have to grapple and struggle with a variety of conscious and unconscious defensive barriers and practical limitations, which make the psychotherapeutic process long and emotionally (as well as financially) exhausting. Yet, psychotherapy cannot be effective without understanding and dealing with such unconscious defenses and what erected them in the first place.

A simple example may be used to illustrate how unconscious conflicts and defenses are formed and how they may affect a person's life. Imagine a scared child who is given a highly conflicting message by her mother as she enters her parents' room looking for security and comfort. Upon entering the room the child hears the verbal message (left hemisphere), "I really want you to stay here with us," while at the same time she loudly "hears" the facial expression (right hemisphere), "I wish you would go to your room so that we could

sleep in peace without you." In other words, the left hemisphere hears an inviting, pleasing message while at the same time the right hemisphere "hears" rejection and experiences sadness and emotional pain. These overwhelmingly conflicting messages may seriously impair the child's ability to respond to her mother. Her only way out is if and when one of the messages is blocked, or pushed outside the realm of conscious awareness. As Freud (1916) so insightfully stated, "Defense is always against affect." That is, if the material perceived by the right hemisphere (which is affective in nature) is defended against, the child is likely to go on and behave "normally" for the time being.

Although the child may appear to have resolved the emotional and perceptual conflict of the moment, it is very likely that seeds of doubt, mistrust, and confusion have already been planted in her mind. As she continues to deny, block, and repress her inconsistent perceptions, she experiences greater tension and turmoil within. In other words, the nonverbal material in the right hemisphere, even though submerged in the unconscious, will continue to have a life of its own, and will, at one point, manifest itself in the form of physical and/or psychological symptoms.

To put it differently, lack of validation and communication between the two hemispheres may result in the construction of defenses which consequently, and in time, could alienate the child from herself. These unconscious barriers are apt to isolate and stop her from recognizing and acknowledging her resources, abilities, potentials, and propensities that could easily save her from emotional and psychological torment and make problem solving a manageable task. Hence, we come to witness the birth of "mental and psychiatric disorders" and psychosomatic symptoms and conditions.

. . . the process of psychotherapy can be accelerated should the two hemispheres begin to communicate more freely with each other . . .

Early in his work, Freud (1913) discovered that by allowing his patients to free-associate, they were able to uncover some of the unconscious material that was interfering with their normal functioning. Symptoms, both physical and psychological, slowly began to disappear as the unconscious became more conscious. Even today, free association continues to be a potent tool for conducting insight-oriented psychotherapy. It appears that, during the free-association process, important information and material tend to seep through the defensive barriers spontaneously. This results in recognition and realization of determinants of behavior, conflicts, and traumas often locked in the dungeons of the unconscious. But again, because of the complexities of defense mechanisms, this process is often time-consuming and extremely exhausting. Theoretically, the process of psychotherapy can be accelerated should the two hemispheres begin to communicate more freely with each other and transcend the defensive barriers. How can we facilitate this communication?

HEMI-SYNC AND HEMISPHERIC COMMUNICATION

It has been approximately one year since I began to study the effects of Hemi-Sync on cortical activity. Study after study, I was able to demonstrate objectively that Hemi-Sync does indeed do what it is meant to do: synchronize the two hemispheres. What are the implications of this interhemispheric synchronization? Once I recovered from the euphoria of observing synchronized brain states after exposure to the Hemi-Sync signals, I began to explore what was happening cognitively, as well as affectively, to each subject.

The results of my pilot study have been elating and quite exciting. In two studies, while psychotherapy patients were exposed to the Hemi-Sync signals, they were asked to free-associate—that is, to talk about whatever came to their minds. In both cases, from an objective standpoint (cortical activity) two observations were made. Initially, there was a tendency toward intrahemispheric synchronization fol-

lowed by brief moments of total bilateral synchrony. It was during these moments of whole-brain synchrony that subjects often had an "aha," or "clarity," experience. Based on these observations, I have come to believe that one of the many states that Hemi-Sync facilitates is that of hemispheric communication (Hemi-Com) or, perhaps, as a psychotherapist would put it, "an integration of content and affect". This, to a large extent, is what psychotherapy is all about, and it is remarkable to observe that Hemi-Sync may indeed facilitate and expedite such a process.

A number of groundbreaking papers stating that meditation played an important role in psychotherapy (Smith 1976) appeared in psychotherapy journals in the late seventies. The authors of such

. . . moments of bilateral synchrony coincide with moments of "clarity."

papers, however, failed to propose a convincing explanation for why or how meditation contributed to the process of psychotherapy. At last, it appears that we may have an answer. In our neuropsychological laboratory we have already demonstrated that experienced meditators tend to synchronize their brains. More recently, we are beginning to see that moments of bilateral synchrony coincide with moments of "clarity." Hence, perhaps the reason meditation is such an important tool in facilitating psychotherapy is because it promotes whole-brain synchrony; it opens a channel of communication between the two hemispheres which may allow certain "unconscious" defenses to be transcended. If we can systematically and consistently demonstrate this process (Hemi-Com) in more elaborate and well-controlled studies, that is, hemispheric synchrony followed by clarification of affect and thoughts, I believe we will be making a giant leap toward better understanding of how the human mind operates and how to facilitate its healing.

SUMMARY

Psychoanalytic explanations of how intrapsychic conflicts come about and how psychotherapy attempts to resolve such conflicts were presented. Based on the findings of two pilot studies, it was proposed that Hemi-Sync may indeed facilitate intrahemispheric communication which, in turn, promotes psychotherapy and assists in the resolution of unconscious conflicts. Further systematic and well-controlled studies are needed to support the findings and the theoretical model presented in this paper.

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USE OF THE HEMI-SYNC CONCENTRATION TAPE WITH DEPRESSIVE SYNDROME



by Regis Louis, MD

Regis Louis is a psychiatrist in private practice in Melun, France, fifty kilometers south of Paris. In his practice, relaxation techniques, hypnosis, and neurolinguistic programming (NLP) are used. He also has an interest in Transpersonal Psychology and is a member of the American Association of Transpersonal Psychology and the International Association for Near Death Studies (IANDS). The following account describes his use of the MIND FOOD Concentration tape to relieve some symptoms of depression.

The purpose of this study was to investigate any effects of the Hemi-Sync Concentration tape on patients with depressive syndrome, especially those with memory difficulties and who lack concentration due to depression.

Seven neurotic patients, each with a major depressive syndrome, as defined by DSM III classification, were included. Each had suffered from depressive disorder for at least three months, and one had chronic disorder for two years. All patients were past the acute period of depression. I feel that during the acute period Hemi-Sync wouldn't be effective. Of the seven patients between the ages of twenty-six and fifty-four, there were four females and three males. Five were engaged in professional activities; two were disabled. Two patients were self-educated, three had high school level educations, and two were educated at the graduate level. Two lived alone and five with family.

All study participants had problems with concentration, attention-to-task deficit, lack of short-term memory, and felt unable to perform mental tasks as well as they had previously. These problems did not seem to be linked to medication. They were present whether or not the patients were taking medication.

The Concentration tape was given to all patients, with the instruction to listen to it at least once each day during an activity which required attention, or during a period of study or other cognitive work. The patients were asked to report their feelings: better concentration, negative effects if any, or other responses. Results were collected during consultations over a three-month period.

RESULTS

No negative effects were reported during or after listening to the tape. Response was always positive; the patients seemed to love this new approach to treating their problems. Two patients reported improvement of their ability to concentrate during test preparation and other cognitive tasks. They reported better short-term memory, greater interest in their study, and an ability to sustain attention for longer periods than was previously possible. Two other patients described a little improvement, very variable with time and circumstances. The other three patients didn't report any improvement or any negative effect.

CONCLUSIONS

Due to the small number of patients participating in this study and the short period (three months) of the study, no conclusions were drawn regarding the effect of Hemi-Sync on depressive syndrome. However, results indicate that the Concentration tape can be significant in alleviating symptoms of attention and memory deficit. Hemi-Sync may be helpful in the depressive disorders, after the acute period treatment. Our task now is to define the indicators which could predict accurate results from a larger sample. It seems that the more the patient is involved in a task which requires focused attention, the better the result.



WILL I SEE LIKE NORMAL PEOPLE SEE? HEMI-SYNC AND BLINDNESS



by Patricia
Leva-Michael, RN, MA,
& Sally Kubrak

Patricia Leva-Michael is a certified GATEWAY OUTREACH Trainer and has been a member of the Professional Division since May 1989. She is the founder of Natural Learning Systems in Solon, Ohio, where she presents classes and workshops focused on the Hemi-Sync technology. In her work, Ms. Leva-Michael also integrates Hemi-Sync with more traditional approaches to healing and learning. In the following account, she and co-author, Sally Kubrak, describe the results of using Hemi-Sync methods to confront Ms. Kubrak's personal challenges.

In January of 1990, Patricia Leva-Michael, through her educational consulting practice, began working with a new client named Sally Kubrak. Ms. Kubrak, born prematurely, has been blind from infancy as a result of retrolental fibroplasia, burned tissue covering the retina, due to improper administration of oxygen while she was in an incubator. Throughout their work together, both women remained acutely aware of the Ms. Kubrak's stated purpose: "to see like normal people see," and they structured a personal learning program to support her goal. Ms. Leva-Michael and Ms. Kubrak reflect on this process and the value they received from it.

S.K.: At thirty-five years old, I had been unemployed, undecided about many things, and generally losing interest in life. Challenged by a radio interview describing the Hemi-Sync approach, I telephoned Patricia and said I'd like to rebuild my self-confidence and expand my attention span using Hemi-Sync.

P.L-M.: During my first visit to Sally's home, I found myself floundering in my explanation and searching for words. The Hemi-Sync technology and product information aren't easily accessible to blind folks. I realized I couldn't draw diagrams to explain the process or show her the catalog. I was concerned that Sally wouldn't be able to remember one tape from another with over 200 choices available. On

the second visit I let go of my confusion and simply asked Sally to "take me into your world and guide me." I listened carefully to Sally's medical and personal histories, highlighted by diabetes and narcolepsy which were diagnosed while she was in high school. Ritalin was prescribed to combat the drowsiness of narcolepsy.

Sally reported a lack of ability to focus her attention and low self-esteem. She began using *Attention* and *Off-Loading* from the *HUMAN PLUS (H-PLUS)* series. In the evenings, when sleepiness overcame her in spite of the Ritalin, she used the *Concentration* tape. Sally worked as a student in a radio broadcasting studio during the day and had to be physically rested and verbally quick. To aid in these efforts I recommended she use the *H-PLUS Speak Up* and *Reset* tapes.

S.K.: When I told my mother about my interest in using this unusual approach, she expressed feelings of skepticism and had reservations about the results. I began to feel very anxious and instinctively recited the Function Command for the *Off-Loading* tape in my mind: "Plus-Fade-Fade." Minutes later I found myself saying very emphatically,

*. . . I wanted . . . the eagerness for life
I had had as a little child.*

through my tears, that I wanted to get back the eagerness for life I had had as a little child. Maybe it was the way I said it, but from then on it was my mother who noticed and pointed out how I was changing. For instance, when I used *Attention* it was as if someone opened the top of my head and breathed fresh air into it. All of my senses snapped open!

A major event occurred when my pastor at church asked me to give the Palm Sunday children's homily entitled "Blessed Are the Blind," describing my experience of blindness, and to sing a favorite song of mine for the congregation. I used the Function Commands for *Attention*, *Speak Up*, *Off-Loading*, and *Reset* during my talk to the kids. Having taken singing lessons for a long time, I was aware of the importance of breath control. After invoking the Function Commands, I was amazed to feel my breath expand like an endless balloon. Hardly any stagger breaths were necessary to retain my control. I was able to continue speaking smoothly, evenly, and easily. In the past, I wouldn't have had the courage or the words to accomplish this.

P.L-M.: Sally was diagnosed with carpal tunnel syndrome in March of 1990 and surgery was advised. Two other surgeries in the past year had caused weight loss, hypoglycemic episodes, and had added to her feelings of losing inner control. Sally began to dread the surgery. She asked to use the *Emergency Series* Hemi-Sync tapes and gained the support of her orthopedist, anesthesiologist, and nursing team. Sally followed the recommended approach, using each tape repeatedly at

*Sally expressed . . . pride in her
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healing process.*

the appropriate times. She negotiated to have a local surgical intervention rather than general anesthesia. After the procedure she experienced significantly less pain, and used no pain medication for the first six hours. In the Recovery Room she ate heartily without experiencing nausea or vomiting and did not have cyclic constipation during her four or five days post-op. Although after previous surgeries she typically dropped to around 89 pounds, Sally experienced no weight loss following this procedure. At the first dressing change three days post-op, her surgeon remarked about how clean and clear her suture line looked. It is unusual for diabetics to heal so quickly and so well. Sally expressed a great deal of pride in her ability to be a partner in her healing process. This was in contrast to her old, passive behavior of assuming her healing was being done to her. She was aware that her new attitude was instrumental to her increasing

feelings of inner control.

S.K.: I asked Patricia to help me begin the *GATEWAY EXPERIENCE* home course for my spiritual growth. Inside my "dark world," I knew I was sighted in some way and I wanted to make it more apparent to myself. I began working with the *GATEWAY EXPERIENCE* exercises, and then followed the instructions to achieve a Focus 10 state without the tapes. One day, while grocery shopping with my mother and my aunt, I distinctly heard my uncle telephoning to say he was going to pick up his wife the next day. I told my mother what I had heard. That evening my uncle did call and said exactly what I had somehow heard in the store earlier that day. I attributed this precognitive experience to my work with the *GATEWAY EXPERIENCE*. When I recounted this to Patricia, she explained about the development of perceptual skills beyond the five physical senses, and about the "third eye" energy center. Later, I had another intuitive experience involving a close friend which gave me more proof that I was indeed seeing more than I had ever looked for. This kind of intuitive skill might be a distinct advantage for other blind people to develop.

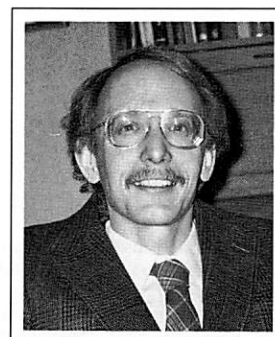
Patricia and I had taken each other's hands and crossed into each other's worlds. I have become physically self-assured as if I am more keenly aware of what's "out there." Looking back over the year we worked together, I realize that I have overcome my fear of the world. Instead of being afraid to leave the house, I now look for places to go. At a recent soccer game I was able to perceive and understand the game vividly. My concentration and feeling of personal freedom have increased considerably. I am more relaxed, less anxious, and sleep through the night now, waking refreshed. My confidence and self-esteem have grown tremendously as a result of this last year. I am well on my way to completing my radio broadcasting work at college, and am looking forward to employment next summer.

P.L-M.: With Sally's help, I discovered what real sightedness skills are all about.

A video presentation of this case study was delivered at the Professional Seminar at The Monroe Institute, July 1990. The videotape runs approximately 64 minutes and is available for purchase through Natural Learning Systems, 5745 SOM Center Road, Cleveland, OH 44139-2330. (216) 349-1148.



HEMI-SYNC APPLICATIONS IN PSYCHOTHERAPY



by Joseph Gallenberger, PhD

Joseph Gallenberger is a clinical psychologist with eighteen years of experience as a psychotherapist in numerous settings. For the past eight years he has offered services such as insight psychotherapy, marital counseling, relaxation training, and trauma recovery to his private outpatient clients. He is experienced in training and supervising

ing other therapists, and is a certified Monroe Institute GATEWAY OUTREACH Trainer.

He and his wife, Charlene Gallenberger, PhD, are the directors of The Open Center in Hendersonville, North Carolina, where the GATEWAY OUTREACH programs are offered. The Open Center also plans to offer group programs that blend Hemi-Sync technology and clinical instruction on issues such as sleep improvement, marriage enrichment, and adjustment to multiple sclerosis.

Recently, clients and their insurance companies have pressed for briefer treatment. This presents me with a challenge, as I want therapy to be a learning experience for the individual and not just an exercise in temporary symptom relief.

I have addressed the challenge of providing rapid treatment while increasing the client's self-understanding by using The Monroe Institute Hemi-Sync tapes. This article gives a few examples of how this method has worked over the last three years. Names and circumstances have been modified to guard confidentiality.

Ann was referred for hypnosis. It was essential that she have a Magnetic Resonance Imaging (MRI) test as soon as possible to check for a brain tumor. She had already failed to complete the test three times, even with calming medications. The MRI involves the person remaining motionless inside a very cramped tube for hours as the machine noisily takes pictures of the brain. Many people who have no difficulty with small spaces have intense anxiety reactions in the MRI. It is not desirable to anesthetize the person for the procedure because it interferes with their being monitored well while in the tube. The MRI team reported that, in their experience, no one who was even moderately claustrophobic had ever completed the test.

When Ann was a child, her father had held her head underwater, in the toilet, as punishment. Her mother was extremely anxious and critical. Ann had also been trapped in two fires. During a school fire, she had hidden in a locker. She could not get out and was not found until the locker was filled with smoke. In the second fire she had been unable to leave a skyscraper for hours, until a fire below was contained. As a result of these and other experiences, Ann had been extremely claustrophobic for thirty years. She had not been able to enter an elevator, or to fly in an airplane.

Ann was motivated for change but naturally frightened about the MRI and the possible results of the test. She was pessimistic about ever tolerating a space as small as an elevator for five minutes, even with other people there to comfort her. The thought of remaining motionless and alone for hours in the coffin-like MRI filled her with dread.

We met for twelve one-hour sessions in three weeks. She was immediately given the *H-PLUS* tapes *Relax*, *Let Go*, and *Off-Loading*, and the *MIND FOOD* tapes *Energy Walk* and *Morning Exercise*. She practiced with them diligently. After a week, we began to use the *H-PLUS* tape format to enter a relaxed, light hypnotic state during alternating sessions. Here we explored in more detail the origins of her fear of being trapped, and used imagery to rehearse successful completion of the MRI test. The images of being surrounded by protective white light, and of mentally expanding the space seemed particularly useful.

Throughout her adult life, Ann had not dared to dance or laugh because such acts were too spontaneous and could bring ridicule. The interpretation that she had actually trapped herself every day by being so careful to please everyone seemed to make sense to her and helped shift the emphasis away from the dimensions of physical space and to claustrophobia as a symbol of her internal state—trapped and fearing loss of control. She became determined to conquer this self-imposed restriction.

Three weeks after meeting Ann, I accompanied her to the MRI at a hospital forty miles from her home. The test was delayed two hours. The roads outside were icing over, yet she remained only moderately anxious. When the test began she used the *H-PLUS* Function Commands to "relax" and "let go," and visibly relaxed, feeling confident that she would make it. We let her know that the test could be terminated anytime she asked. She entered the machine. At her

request, I read to her to link her with the outside world and to give her something positive to focus upon.

Ann was successful this time and without medication. She reported feeling two minutes of initial ill-ease, then entered into a very relaxed state and eventually went to sleep during the three-hour procedure. She, the staff, and I were amazed at her accomplishment. She went on to conquer elevators shortly thereafter with the feeling that "I can now conquer any fear."

. . . "I can now conquer any fear."

I have no doubt that the tapes helped quickly establish a deep therapy alliance, gave her rapid control, and allowed us to reach and "off-load" repressed material quickly and safely. This was more remarkable given that Ann had a lifelong history of understandable distrust, pessimism, self-harshness, and low self-confidence. Her triumph over the MRI left her eager to explore other aspects of her life and to make many positive changes. She used the *Emergency Series* to deal with the brain surgery she required. These tapes seemed to reduce the usual disorientation and discouragement of such surgery.

Since working with Ann, I have used the Monroe tapes clinically with excellent success in various situations, including the use of *Super Sleep* for children with learning disabilities and/or attention deficits. Most attention-disordered children have to make their beds from scratch each morning due to restless sleep. With *Super Sleep* playing all night, the bedding is intact in the morning, and parents and teachers report better concentration and less irritability during the day. The children often have difficulty listening to relaxation tapes because they are so restless. They tolerate *Super Sleep* well because it does not require the same degree of stillness and concentration, as it entrains them to a normal sleep cycle pattern.

I have used *Strong-Quick* with two weightlifters who were resisting eliminating steroid use, for fear of losing their "edge." Most weightlifters work themselves into an aggressive state for peak performance. I suggested using *Strong-Quick* with the image of pulling powerful energy up from the earth and then becoming a conduit for that energy. Both weightlifters reported being able to lift more weight than their best performance using steroids. They also reported an increase of smoothness and felt they had less potential for injury.

I have used *Lungs: Repair & Maintenance* with five asthmatic children and adults with excellent success. For example, one woman had difficulty climbing a short flight of stairs and was using her inhaler approximately six times per day. Within three weeks she was swimming a third of a mile per day and using her inhaler only twice per week. This gain remained consistent over a one-year period.

I use *Empathizing*, *Speak Up*, *Let Go*, and *Off-Loading* with marital situations including spouse abuse, sexual dysfunction, and marital communication problems. These tapes have worked very well. Abusers report rapid anger control. Clinical alliance deepens rapidly with these men who are usually hard to treat due to shame, skepticism, and their need for control.

Many men suffering from impotency and/or premature ejaculation have become more assertive and less performance pressured within three weeks of using these tapes as an adjunct to therapy. What has been most impressive to me in these contexts is that these strategies are effective even when the spouse refuses to join the client for therapy (which often happens in abuse and sexual dysfunction situations).

When couples are seen together, I suggest they use the above Functions before dealing with each other in session. The improvement in communication is striking. There is more listening, less accusation and defensiveness, and higher-quality problem resolution.

I have had moderate success with sleep problems, agoraphobia, and eating disorders using the Hemi-Sync tapes, and very little success with chronic back and headache pain. The most widely useful tapes for psychotherapy, in my experience, are *Let Go* and *Off-Loading*. They reduce fear and resistance, and allow more rapid softening of long-held negative thought patterns.

The tapes have worked well with the majority of clients in my practice, including some usually difficult groups such as the resistant teenager, the passive/dependent, the obsessive, the psychosomatic, and the sociopathic. I have encountered the most resistance to trying the tapes from Vietnam combat veterans, paranoid personalities, and the "yes but" psychosomatizers. Of course, any client's reluctance is wholeheartedly respected; however, quickly clarifying a client's resistance can be very useful therapeutically.

*Both weightlifters reported being
able to lift more weight than
their best performance . . .*

I have not tried any tapes with schizophrenics and manic-depressives, but would feel comfortable doing so if they were not experiencing a psychotic episode, and therapeutic trust was functioning well.

I have also been privileged to do some fascinating work with growth-oriented clients, using the tapes of the *GATEWAY EXPERIENCE Wave I* and *Wave II*. Accessing the total self and achieving age regression are facilitated greatly. For example, Pete was a young man with tremendous potential who had been badly burned as a toddler. He had the impression that his own clumsiness had resulted in the accident. His parents divorced shortly thereafter and the family was reluctant to talk about the event. He wanted to reexperience that burn to find out just what had really happened.

After a week of using the *GATEWAY EXPERIENCE* tapes, Pete used their format to achieve a Focus 12 relaxed state in the office. It was then suggested that he was completely free of time, that he was at the center of a huge wheel, and that he could go to any time period he wished by simply traveling down a spoke of the wheel. He immediately went to the burn episode, reexperienced it with tolerable distress, clearly and in great detail, and discovered many surprising and useful things, including that he was not at fault even through clumsiness.

To help achieve closure at the end of the session, I guided him to the return to his family after his hospitalization, figuring that it would be a joyful reunion. However, he became the most distressed he had been during the session. As he ran to greet his relatives, they each pulled away, being afraid of injuring his tender skin by hugging him. At eighteen months old, the age of highest separation anxiety, he was too young to handle this "rejection." Reexperiencing this allowed him to make rapid progress on many rejection-related issues in his current life, and released him from the burden of lack of self-confidence, as he began to fulfill his potential.

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The clarity and usefulness of his altered state within the first "hypnotic" session is in marked contrast to my experience using conventional hypnosis with similar goals. Usually such quality work during hypnosis occurs after more than ten sessions, if ever, and then not as easily.

A final example also points out the powerful entrainment effects of Hemi-Sync. Beth was a bright, hard-driving, middle manager who was being severely hampered at her job by budgetary and political pressures. She had been in therapy two months and was using *Wave II* at home.

Beth came to a session very angry and distressed. She wanted to enter a meditative state and get answers to questions, but she was too upset. So we talked of all the work pressures and feelings that she was having. Ten minutes before the end of the session, I suggested that she could simply take a breath, close her eyes, relax, go to Focus 12,

and get high-quality answers to her concerns. I then fed her five questions which were relevant to the meaning of her situation. Beth obtained immediate answers which she and I both felt were profound and perfectly on target. This gave her a sense of a quantum leap in control and expanded her definition of self. Therapeutic alliance was deepened. She saw how she could employ the same technique during the agonizing parts of her business day and left with renewed purpose and confidence.

As a therapist, it has been deeply satisfying to have a new tool which seems so safe and effective. It has helped me be a better therapist. My confidence and enjoyment in my work have increased. Neither clients nor therapists enjoy wallowing in the negativity of the discovery phase of therapy, and often feel a little bit lost as to how to implement changes rapidly and effectively once desired changes are targeted.

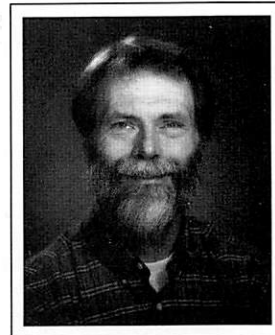
Hemi-Sync tapes can help many shorten the unpleasant and uncertain phases of therapy, leaving more time and resources for growth, for discovery and celebration of one's worth, and for increasing one's contribution to the world. Hemi-Sync is truly a twenty-first-century tool. It allows a smooth integration of technology with compassion and clinical skill.

Because Hemi-Sync requires no belief system other than "we are more than our physical bodies," it can be incorporated into most schools of therapy, be it ego-analytic, existential, humanistic, or behavioral, enhancing rather than straining the modality. It answers the need for rapid results while enhancing the humanity of the client and the therapist.

Dr. Gallenberger invites discussions with other professionals concerning using Hemi-Sync in clinical settings, and would be more than happy to share his experience with the technology. He can be reached at The Open Center, 713 Oakland Street, Hendersonville, NC 28739. Phone (704) 692-6947.



HEMI-SYNC SURF IN PEDIATRIC DENTISTRY



by John R. Smith, Jr., DMD

John Smith is a pediatric dentist in private practice in Bowling Green, Kentucky. He has been a member of the Professional Division since 1988, and uses Hemi-Sync to support both his staff and patients. Here, Dr. Smith briefly presents the cases of three patients who listened to the Hemi-Sync Surf tape during dental treatment.

A Hemi-Sync Synthesizer model 202 has been hooked up to the audio equipment in our office since 1986. With few exceptions, it has been tuned to the mode for enhancing focused, cognitive attention. The intent has been to augment the staff's attention levels as much as possible. However, this is not the mode I would choose for a child receiving dental care. I felt it more prudent for the staff to remain focused during the day. Evaluation of any effects is virtually impos-

sible primarily due to the volatile nature of pediatric dentistry.

I have had occasion to use the *Surf* tape with a selected few patients and can describe their first impressions as well as some of my own.

Case 1

A 20-year-old white female, healthy, voiced some apprehension, specifically regarding injection; dental needs were routine restorative, i.e., alloys. We chose the *Surf* tape, used nitrous oxide gas (N₂O) at a 25% to 35% level, 2% xylocaine; epinephrine 1/100,000; the routine restorative was performed. The patient's first comment after the procedure was "I want one. I felt like I was somewhere else for a long time." When asked if she would like the *Surf* tape for her next appointment, she said yes. The patient has not yet returned to the office. My observation was that this patient handled the entire dental experience with a great deal of calm.

Case 2

A 13-year-old white female, healthy, who was not particularly apprehensive about dental care, came to the office for routine dental needs. She agreed to use the *Surf* tape out of curiosity. With the tape, no N₂O, 2% xylocaine; epinephrine 1/100,000, her restorative needs

. . . "I kept saying to myself
'Mind over matter, it doesn't hurt.' "

were met uneventfully. The patient's comments following the dental treatment ranged from "I think the *Surf* tape helped. It wasn't as scary," to "I kept saying to myself 'Mind over matter, it doesn't hurt.'" I observed that this patient was either borderline or truly asleep for most of her restorative work.

Case 3

A 14-year-old white female, healthy, with some apprehension regarding injections, who, however, has always been able to handle the experience, was in the office for routine restorative dental needs. Her parents requested no N₂O due to an exceptionally aggressive chronic cough which had been present for approximately three weeks. She accepted my suggestion to use the *Surf* tape. With the tape, 2% xylocaine, and epinephrine 1/100,000, her restorative needs were met uneventfully.

What may be most interesting in this patient's case are my clinical observations. In a short period of time she drifted into a sleep state, her coughing spells ceased, and a chronic twitching of the legs noticed during injection also stopped. Following the procedure, the patient's comment was "I like the waves better than music; it relaxes me better." She returned one week later, chose not to use the *Surf* tape at that time, but did make the comment, "I dreamed I was on the beach every night this past week."

Obviously, these three cases do not follow any rigid scientific protocol, and, at best, were evaluated in a very subjective fashion. However, in my opinion, Case 3 demonstrated real possibilities with the use of Hemi-Sync in a pediatric dental office setting. Future plans include using a variety of Hemi-Sync tapes with some of the younger patients who may struggle initially with accepting dentistry as a necessary procedure.



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